

PublicHealthImprovement Act

LocalPublicHealthAgency CapacityInventory

November7,2 001

DRAFT

Thesedocumentsareprovidedforinformationandcommentandnotfordatacollection

Table of Contents

| <u>Chapter</u> | <u>PageNumber</u> |
|--------------------------------|--------------------------|
| SystemReadiness..... | 3 |
| Laboratory..... | 8 |
| Epidemiology/Surveillance..... | 12 |
| InformationSystems..... | 18 |
| Communication..... | 23 |
| Workforce..... | 27 |
| PolicyandEvaluation..... | 32 |

SystemReadiness

System Readiness

Collaboration and Coordination

1. Does the public health agency establish formal partnerships (e.g., memoranda of understanding, other written agreements) with community organizations or entities that contribute to the delivery of the Essential Public Health Services to assure coordination of public health activities?
- Y
 N

2. Does the public health agency maintain a roster of persons on and contact information who have the technical expertise to respond to potential public health problems within 1 hour?
- Y
 N

If yes, which of the following personnel does the roster include:

- Chemists
 Emergency management
 Environmental health scientists/engineers
 GIS specialists
 Hazardous Materials Response Teams
 Health physicist
 Industrial hygienists
 Infectious diseases specialists
 Law enforcement
 Medical examiners/coroner
 Mental health professionals
 Microbiologists
 National Guard
 Occupational health physicians
 Public health informatics specialists
 Safety engineers/safety management
 State epidemiologists
 State public health laboratory director
 Toxicologists
 Veterinarians

If yes, are these personnel actively engaged in reviewing and updating (as needed) the emergency response plan at least annually?

- Y
 N

Does the public health agency inform these personnel about current health issues at least monthly?

- Y
 N

Does the public health agency provide or arrange for training on biological, chemical, radiological agents and mass casualty events to these personnel at least annually?

- Y
 N

3. Does the public health agency use community assessment data to identify populations whomay encounter barriers to the receipt of personal health services?
- Y
 N

Emergency Response Planning and Organizational Roles

4. Has the public health agency identified facilities within the jurisdiction that are suitable for Emergency Operations Centers for public health operations?

- Y
- N

If yes, has the public health agency identified suitable alternate facilities for operations in the event that their regular facility is uninhabitable?

- Y
- N

5. Does the public health agency have written agreements on public health roles with organization(s) that have been given the command and control responsibility for emergency preparedness, response, and recovery efforts in their jurisdiction?

- Y
- N

If yes, how often are the written agreements reviewed and updated?

- Semi-annually
- Annually
- Every 2 years
- Every 3 years
- Other _____

6. Does the public health agency have an emergency preparedness and response plan?

- Y
- N

If yes, which of the following does the plan include?

- Organizational responsibilities and relationships among local, district, region, State, and Federal response agencies for varying levels of response
- Identification of community organizations that have a role in responding to biological, chemical, or radiological exposure
- Alternative treatment facilities to accommodate increased patient loads in the event of a mass casualty incident
- Roster of local medical facilities capable of handling laboratory specimens
- Roster of local medical facilities capable of handling victims of exposure
- Roster of local veterinary facilities capable of handling laboratory specimens
- Roster of local veterinary facilities capable of handling affected animals
- Roster of trauma centers capable of handling victims of exposure
- Coordination with the local poison control center
- Procedures for updating the emergency preparedness and response plan
- Guidelines for addressing environmental decontamination issues
- Guidelines for worker safety for those dealing with facilities, humans and animals exposed to biological, chemical, or radiological agents (e.g., the availability and use of personal protective equipment or other protective measures and documentation of adequate antimicrobial chemoprophylaxis)
- Guidelines for reviewing activities conducted during a response or exercise to correct deficiencies
- Guidelines for conducting environmental surveys to determine the degree and extent of contamination
- Guidelines for developing environmental containment, control, and mitigation plans
- Protocol for coordinating public health responsibilities with law enforcement responsibilities
- Protocol for mutual aid agreements with surrounding jurisdictions including military installations
- Protocol for implementing an emergency epidemiological investigation for human and animal exposures

- Protocol for activating and maintaining emergency communication systems with system partners
- Protocol for implementing evacuation and mass casualty transportation
- Protocols for assisting special populations whom may encounter barriers to health services during an emergency
- Protocol for initiating the public health response when a device is found that may contain a biological, chemical, radiological, or explosive agent
- Protocol for critical incident stress counseling for victims or response personnel, including public health and medical professionals
- Protocol for protecting care providers, emergency response workers, and victims from secondary exposures
- Protocol for decontamination of patients upon their arrival at the treatment facility
- Protocol for ensuring that contamination of treatment facilities does not occur when patients are evaluated or treated
- Protocol for decontaminating mass casualties (pre-hospital)
- Protocol for instituting mass isolation within a health facility
- Protocol for transferring patients outside of the LPHS
- Protocol for incorporating state and federal assets into the local response efforts (i.e. National Disaster Medical System (NDMS), Disaster Medical Assistance teams (DMAT), National Pharmaceutical Stockpile (NPS) etc.)
- Procedures for organizing and coordinating volunteers and providing basic needs, including individual health care providers and emergency response workers, during a disaster
- Procedures for obtaining pharmaceuticals, antidotes, and protective equipment
- Protocol for instituting mass vaccinations or medication distribution including the priority of distribution of vaccines and medication to first responders and medical/health care providers
- Protocol for responding to mass mortuary needs

7. Has the public health agency developed activation procedures and notification protocols for the emergency response plan?

- Y
- N

8. Are state and local emergency response plans integrated with each other?

- Y
- N

9. Is the public health agency integrated into a community-wide emergency response plan?

- Y
- N

Enforcement of Laws, Rules, and Regulations

10. For which of the following does the public health agency have the legal authority to enforce public health laws and regulations?

- Close facilities in a health emergency
- Declare appropriate procedures for the management of fatalities and safe handling of dead bodies (both human and animal)
- Detain persons exposed to a biological agent
- Establish quarantine in the event of a suspected biological, chemical, or radiological release
- Order evacuation of the community
- Require exposed persons to accept mandatory vaccinations and/or drug therapy
- Require mandatory medical examination of exposed persons
- Require mandatory tracking and follow-up of exposed and injured persons
- Require the collection of specimens and the performance of tests on exposed persons and animals
- Require the decontamination of exposed property
- Require the reporting of new diseases, injuries, and illness clusters
- Restrict travel into and out of contaminated areas

- Seize and destroy contaminated property

Surge Capacity

11. For which of the following services has the public health agency identified resources (personnel, financial, facilities, equipment, and supplies) to increase capacity in the case of a five-fold increase in patient admission to the health care sector?
- Adult medicine beds
 - Burn unit beds
 - Intensive Care Units (ICU) beds
 - Medical transport vehicles
 - Mortuary Space
 - Multiple trauma beds
 - Pediatric beds
 - Respiratory isolation units
 - Respiratory ventilators
12. For which of the following public health functions has the public health agency identified resources (personnel, financial, facilities, equipment, and supplies) for surge capacity?
- Surveillance
 - Epidemiologic investigation
 - Laboratory (Biological and environmental samples)
 - Communication
 - Medical response
 - Preventive care (e.g., prophylaxis, quarantine, protective equipment)

Evaluation

13. If the public health agency has an emergency response plan, has it been implemented or exercised in response to a real event within the past 12 months?
- Y
 - N
14. Has the public health agency responded to a "hoax" event (e.g., letter or package threatening to contain a potentially harmful biological agent or a bomb threat at a nuclear power plant) within the past 12 months?
- Y
 - N
- If yes, do current policies reflect the lessons learned from the real or hoax event?
- Y
 - N
15. Does the public health agency have a mechanism to review the experiences and knowledge gained from real or hoax events to correct deficiencies in the emergency preparedness plan?
- Y
 - N

Laboratory

Laboratory

Reference and Specialized Testing

1. Does the LPHL act as a reference laboratory or have formal agreements with another reference laboratory (other than CDC) for local public health, hospital, and independent laboratories to access:
 - Molecular typing of organisms for epidemiology (e.g. fingerprinting)?
 - Biosafety Level 3 (BSL3) testing (other than TB) for unusual pathogens?
 - Molecular methods (e.g. PCR) for direct detection of organisms?
 - Clinical and environmental toxicology testing?

Policy Development

2. Does the LPHL have an advisory committee or other mechanism to directly meet with private and local public health laboratories and program staff to determine what services should be available?
 - Y
 - N

Integrated Data Management

3. Does the LPHL have a Laboratory Information Management System (LIMS) that:
 - Functions in the majority of laboratory testing areas within the SPHL?
 - Enables public health programs to access and the LIMS data and perform ad hoc queries?
 - Enables electronic reporting to public health programs and other clients?
 - Have operating characteristics of manual and online instrument data entry, searchable databases, and monitoring results for quality standards?
 - Adheres to NEDDS standards?

Disease Prevention, Control, and Surveillance

4. Does the LPHL collaborate with private and public laboratories to:
 - Audit compliance with disease reporting requirements?
 - Assess capabilities for implementation of electronic disease reporting?
5. Does the LPHL maintain CLIA multi-site limited public health testing certificates for testing in local public health clinics or in other ways directly provide support and routine consultation for testing in counties and small municipalities?
 - Y
 - N

Emergency Laboratory Contacts

6. Does the Local Public Health Agency (LPHA) have a specified full-time liaison/coordinator for laboratory emergency response?
 - Y
 - N

If yes, is the laboratory liaison in contact with:

 - State Public Health System (SPHS)?
 - State Public Health Laboratory?
 - State, Local and Federal Law Enforcement?

Planning for laboratory testing, specimen transport and reporting

7. Does the LPHA have a protocol to specify laboratory testing capabilities in the event of public health emergencies, biological, chemical and radiological incidents?
 - Y
 - N

If yes, does the plan identify:

- Laboratory contacts, responsibilities, and lines of authority?
- Testing capabilities for suspected BT, chemical agents, radiological, or other analyses?
- Additional staff for alternate local laboratories for surge capacity for interrupted testing service?
- Clinical and public health laboratories, including Level "A" laboratories
- Clinical and public health laboratory testing capacities, including routine and surge test volumes and turnaround times, within each jurisdiction?
- Contingent methods of communicating laboratory results (e.g. electronic, phone, fax, courier)?
- Contingency plan to send public health and reference testing to other states?

8. Does the LPHA have guidelines or protocols in place to address the handling and transport of laboratory and environmental specimens in the event of a biological, chemical, radiological and other disaster incident?

- Y
- N

If yes, do these include:

- Collection?
- Transportation/storage?
- Safe disposal of biological waste?
- Safe disposal of chemical waste?
- Safe disposal of radiological waste?
- Labeling?
- Chain of custody?
- Referral to State Public Health Laboratory?

9. Does the LPHA have a security system ensuring that non-authorized personnel have access to testing equipment, reagents or specimens?

- Y
- N

Access to testing services for biological, chemical, and radiological incidents

10. Under emergency circumstances, for the potential agents of bioterrorism, including *Bacillus anthracis*, *Brucella sp.*, *Francisella tularensis*, *Yersinia pestis*, *Variola major* (smallpox), do you have access within 4 hours to laboratories that can fulfill the roles of

- Level A** testing, which can rule **OUT** potential agents within 24 - 48 hours of specimen collection
- Level B** testing, which can rule **IN** potential agents within 4 - 24 hours for culture isolates and 24 - 72 hours for specimens
- Level C** testing, which can rule **IN** and **speciate** potential agents

11. Under emergency circumstances, do you have access within 4 hours to a laboratory that can test environmental samples for radiological elements?

- Y
- N

12. Do you have access within 4 hours to a laboratory that can test environmental samples and specimens for toxic chemicals that could be released accidentally or intentional chemical warfare agents (Sarin, Tabun, Soman, VX, sulfur mustard, nitrogen mustard, Lewisite 1, phosgene, chlorine, HCN, CK)?

- Y
- N

Evaluation/functionality of laboratory preparedness

13. Do the laboratories that provide testing services for biological, chemical, and radiological incidents participate in programs that specifically measure their proficiency for detecting these analyses at least a year?

st3

- Y
- N

Epidemiology/Surveillance

Epidemiology and Surveillance

Health Outcome Monitoring:

1. For which of the following does the public health agency maintain surveillance systems for health outcomes potentially related to public health emergencies, such as communicable diseases (C), environmental emergencies (E), radiological emergencies (R), injuries (I)? (check all that apply)

| | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| System to monitor health events: | <input type="checkbox"/> C | <input type="checkbox"/> E | <input type="checkbox"/> R | <input type="checkbox"/> I |
| System to identify changes or patterns | <input type="checkbox"/> C | <input type="checkbox"/> E | <input type="checkbox"/> R | <input type="checkbox"/> I |
| System to investigate underlying causes or factors: | <input type="checkbox"/> C | <input type="checkbox"/> E | <input type="checkbox"/> R | <input type="checkbox"/> I |

2. Does the public health agency organize collected health information into a local/state health profile?
- Y
- N

Health Outcome Monitoring for Rapid Detection of Public Health Emergencies:

3. Does the public health agency have a validated and tested protocol for the conduct of enhanced surveillance upon identification of unusual findings or during a suspected or confirmed public health emergency?
- Y
- N
4. Does the public health agency utilize early warning systems for detecting unusual occurrences of health outcomes; i.e., does the agency have access to and review at least once every 24 hours the following types of data:
- Emergency department utilization
 - Hospital admissions
 - Ambulance runs
 - 911 call data
 - Data on unexplained deaths
 - Syndromic surveillance (from HMOs, e.g.)
 - Poison control centers
 - Pharmaceutical inventories (e.g., antimicrobial agent usage)

Hazard Assessment:

5. Does the public health agency operate or communicate directly with an agency that operates an environmental hazards surveillance program (e.g., HSEES) that includes:
- The maintenance of a list of facilities and sites (updated at least annually) that contain natural or synthetic hazards (e.g., chemical manufacturing/storage, storage of infectious waste, radiologic power plants/nuclear facilities) and/or possible targets of a terrorist incident (e.g., food production/storage, water treatment and distribution, high occupancy buildings)
 - Performance or access by the public health agency of a hazard assessment (identification of types, quantities, possible exposure routes of potentially hazardous substances) for a facility or sites listed
 - Conduct of population-based exposure surveillance

Hazard Assessment for Emergencies:

6. Can the public health agency conduct or do they communicate directly with an agency that conducts a risk assessment of environmental hazards associated with an actual emergency event including assessment of occupational hazards to emergency response workers and healthcare providers?
- Y
 - N

If yes, does the public health agency develop or do they communicate directly with an agency that develops plans for mitigation?

- Y
- N

Epidemiologic capacity to conduct surveillance activities for outcomes potentially related to public health emergencies:

7. Does the public health agency employ or have access to the following persons needed to conduct surveillance and epidemiologic activities for the jurisdiction:
- Epidemiologists
 - Biostatisticians
 - Data analysts
 - Programmers
 - Data entry personnel
8. Does the local public health agency transmit notifiable disease and injury information to the state public health agency within 24 hours of receipt?
- Y
 - N
9. Does the public health agency **regularly** provide to community health professionals (e.g., hospitals, HMOs, physicians) reportable disease and injury summary information?
- Y
 - N

Epidemiologic capacity to detect and investigate a public health emergency (including a suspected biological, chemical, or radiologic event):

10. Does the public health agency have access to adequately trained epidemiologists available within four hours for on-site consultation at the local jurisdiction?
- Y
 - N
- If yes, is (are) the epidemiologist(s):
- On staff for contract to local public health agency.
 - On staff for contract to State public health agency.
- If yes, do the epidemiologists have access to appropriate communication/data analysis equipment, including portable computers with modem access and appropriate epidemiologic software (e.g., Epi Info), for use during their fieldwork?
- Y
 - N
11. Has the public health agency provided or arranged for training/education to healthcare providers in the community identifying types of infections or syndromes that may be sentinel events of public health emergencies, requiring immediate notification to the public health agency?
- Y
 - N

12. Does the public health agency have a designated receipt point available 24 hours per day, 7 days per week, for reporting of unusual infections or syndromes by community healthcare providers?

- Y
- N

If yes, does the agency communicate that information to the community?

- Y
- N

13. Do sample epidemiologic case investigation protocols maintained by the public health agency for the conduct of investigations of possible **biological** incidents contain the following elements:

- The public health agency does not maintain sample investigation protocols for a *biological* incident.
 - Algorithms to trigger investigation (based on results of outcome and/or hazard monitoring)
 - Rapid assessment surveys and data entry methods and procedures
 - Case definitions
 - Contact tracing and case tracking procedures
 - Epidemiologic clues that may signal a bioterrorist event (triggering appropriate response plan)
 - Procedures for integration of human and veterinary epidemiologic investigations
 - Roster and contact information of personnel with technical expertise to aid in investigation within one hour of onset of emergency (e.g., State epidemiologist, clinicians, toxicologists, veterinarians, medical examiners, health physicists, infectious diseases specialists, environmental health scientists, industrial hygienists, occupational health specialists)
 - Plan to define and integrate roles for additional personnel (e.g., infection control practitioners, public health nurses, epidemiologists, and data entry clerks from other institutions, jurisdictions and/or agencies) as required to appropriately staff enhanced surveillance efforts in a public health emergency
 - Procedures for immediate and ongoing exposure assessment

14. Do sample epidemiologic case investigation protocols maintained by the public health agency for the conduct of investigations of possible **chemical** incidents contain the following elements:

- The public health agency does not maintain sample investigation protocols for a *chemical* incident.
- The public health agency does not investigate *chemical* incidents, but coordinates with agency that does investigate such incidents.
 - Algorithms to trigger investigation (based on results of outcome and/or hazard monitoring)
 - Rapid assessment surveys and data entry methods and procedures
 - Case definitions
 - Contact tracing and case tracking procedures
 - Epidemiologic clues that may signal a terrorist event (triggering appropriate response plan)
 - Procedures for integration of human and veterinary epidemiologic investigations
 - Roster and contact information of personnel with technical expertise to aid in investigation within one hour of onset of emergency (e.g., State epidemiologist, clinicians, toxicologists, veterinarians, medical examiners, health physicists, infectious diseases specialists, environmental health scientists, industrial hygienists, occupational health specialists)
 - Plan to define and integrate roles for additional personnel (e.g., infection control practitioners, public health nurses, epidemiologists, and data entry clerks from other institutions, jurisdictions and/or agencies) as required to appropriately staff enhanced surveillance efforts in a public health emergency
 - Procedures for immediate and ongoing exposure assessment

15. Do sample epidemiologic case investigation protocols maintained by the public health agency for the conduct of investigations of possible **radiological** incidents contain the following elements:

- The public health agency does not maintain sample investigation protocols for a *radiological* incident.
- The public health agency does not investigate *radiological* incidents, but coordinates with agency that *does* investigate such incidents.
 - Algorithms to trigger investigation (based on results of outcome and/or hazard monitoring)
 - Rapid assessments surveys and data entry methods and procedures
 - Case definitions
 - Contact tracing and case tracking procedures
 - Epidemiologic clues that may signal a later event (triggering appropriate response plan)
 - Procedures for integration of human and veterinary epidemiologic investigations
 - Roster and contact information of personnel with technical expertise to aid in investigation within one hour of onset of emergency (e.g., State epidemiologist, clinicians, toxicologists, veterinarians, medical examiners, health physicists, infectious diseases specialists, environmental health scientists, industrial hygienists, occupational health specialists)
 - Plan to define and integrate roles for additional personnel (e.g., infection control practitioners, public health nurses, epidemiologists, and data entry clerks from other institutions, jurisdictions and/or agencies) as required to appropriately staff enhanced surveillance efforts in a public health emergency
 - Procedures for immediate and ongoing exposure assessment

16. Do sample surveillance/epidemiology protocols maintained by the public health agency for the conduct of investigation of **natural disasters** (e.g., earthquakes, hurricanes) and **other** (non-biological, chemical, or radiological) **public health emergencies** ?

- The public health agency does not maintain sample investigation protocols for *natural disasters* or *other types of public health emergencies*.
 - Algorithms to trigger investigation
 - Rapid assessments surveys and data entry methods and procedures
 - Case definitions
 - Contact tracing and case tracking procedures
 - Procedures for integration of human and veterinary epidemiologic investigations
 - Roster and contact information of personnel with technical expertise to aid in investigation within one hour of onset of emergency (e.g., State epidemiologist, clinicians, toxicologists, veterinarians, medical examiners, health physicists, infectious diseases specialists, environmental health scientists, industrial hygienists, occupational health specialists)
 - Plan to define and integrate roles for additional personnel (e.g., infection control practitioners, public health nurses, epidemiologists, and data entry clerks from other institutions, jurisdictions and/or agencies) as required to appropriately staff enhanced surveillance efforts in a public health emergency
 - Procedures for immediate and ongoing exposure assessment

17. Has the public health agency designated an epidemiology response coordinator to manage surveillance and epidemiologic investigations during a public health emergency?

- Y
- N

Evaluation of Epidemiologic Systems and Protocols:

18. In the past 12 months, has the public health agency:

- Conducted a review of epidemiologic systems and protocols related to diseases surveillance and investigation
- Conducted a review of the epidemiologic systems and protocols related to public health emergencies
- Conducted a table-top or functional exercise utilizing the epidemiologic systems and protocols
- Responded to a real or hoax event utilizing the epidemiologic systems and protocols

If yes,

Has the public health agency reviewed the experiences and knowledge gained?

- Y**
- N**

Has the public health agency updated or corrected any identified deficiencies in the disease surveillance and investigation protocols?

- Y**
- N**

Has the public health agency corrected any identified deficiencies in the emergency response systems and protocols?

- Y**
- N**

Information Systems

Information Systems

Public Health Messages

1. Does your agency have a mechanism for broadcasting routine public health messages and advisories (other than health alerts) intended for the general public or other targeted general audiences ?
- Y
 - N

Data/Information security and loss protection policies

2. Does your public health agency demonstrate compliance with written data/information security and loss protection policies?
- Y
 - N

If yes, for which of the following has the agency demonstrated compliance?

Data/Information security

- Internet firewalls
- Intruder detection, including port scan protection
- Virus scanning
- Public Key Infrastructure (PKI) authentication and encryption technologies:
 - Passwords
 - Digital certificates
 - Secure Sockets Layer (SSL)
 - E-mail systems: S/MIME
- Other emerging technologies for authentication (key fobs, smart cards, magnetic cards, retina scan, fingerprint scan)

Data/Information loss

- Uninterruptible power supply (UPS)
- Data backup arrangements
 - On-site (Zip disk, CD, other)
 - Remote-site
- Database user audit trail
- Redundant systems where appropriate (a minimum of one desktop workstation with 56 kbps dial-up Internet connectivity to an alternate Internet Service Provider (ISP))
- Alarms against environmental hazards

Information Technology Competency

3. Does your public health agency employ, contract with, or otherwise have access to personnel with the following competencies to perform information technology (IT) functions?:
- Project management
 - Programming including database specialists
 - Network specialist
 - Web development
 - IT security
 - IT customer support

Standard Information Technologies

4. Do all the internal networks, Internet connections, and broadcast fax capabilities of your public health agency comply with Health Alert Network architectural standards and performance characteristics?

All internal networks

- Y
- N

- Do not have internal networks**

All internet connections

- Y**
- N**
- Do not have Internet connections**

All broadcast fax capabilities

- Y**
- N**
- Do not have broadcast fax capabilities**

5. Do the distance learning capabilities of your public health agency comply with Health Alert Network Distance Learning System Infrastructure Standards and Human Resource Requirements?

- Y**
- N**
- Do not have distance learning capabilities**

6. Has your public health agency adopted an electronic diseases surveillance system consistent with standards used for the National Electronic Disease Surveillance System (NEDSS)?

- Y**
- N**

7. Does your public health agency use Geographic Information Systems (GIS)?

Definition: Geographic Information Systems (GIS) are computer systems capable of assembling, storing, manipulating, and displaying geographically referenced information, i.e. data identified according to their locations. Practitioners also regard the total GIS as including operating personnel and the data that go into the system.

- Y**
- N**

Electronic connectivity for secured data/information exchange

8. Does your agency exchange data/information electronically for the following routine public health functions?

- Surveillance activities
- Registries
- Clinical patient databases
- Vital statistics
- Laboratory reports

Health Alerts

9. Has your public health agency determined who is authorized within your agency to: compose, send, receive, and take action on health alerts?

- Y**
- N**

10. Does your public health agency assign responsibility to at least 1 (one) person to:

- Maintain a distribution list for the Health Alert Network?
- Update the distribution list at least quarterly to ensure complete and accurate contact information?

11. Does your public health agency have a system for **sending** health alerts within 1 (one) hour of their final approval to your state health agency and to all designated local public health system partners in your jurisdiction:

- During the day (Monday – Friday, 8AM to 5PM)?
- During the night (Monday – Friday, 5PM to 8AM)?
- During the weekend (Saturday and Sunday, 24 hours per day)?

12. Does your public health agency's system for **sending** health alerts include:
- A mechanism to confirm receipt of health alerts?
 - A mechanism to confirm health alerts have been read by the recipient?
13. Has your public health agency tested its system for **sending** health alerts at least every 3 months?
- Y
 - N
14. Can your public health agency **receive** health alerts from your state public health agency within 1 hour from the time they are sent?
- Y
 - N

Emergency Information Management

17. To facilitate decision/policy -making and improve emergency response through "lessons learned" does your agency have procedures and standardized formats to log, track and report information during an emergency?
- Y
 - N

If yes, for which of the following does your agency have procedures and formats to log, track, and report information during an emergency?

- Death and injury tolls
- Infection rates
- Individuals exposed needing followup care
- Travel restrictions
- Quarantines
- Property seizures
- Product impoundments
- Health alerts received and sent
- Faxes received and issued
- E-mail received and sent
- Telephone calls received and placed
- Conference calls conducted
- Human resource use: staff time and attendance
- Fiscal resource use: emergency supplies, equipment, and services purchased
- Staffed hospital bed availability
- Antimicrobial and vaccine availability
- Emergency situation status reports
- Other _____

Electronic resources for key response personnel

18. Has your public health agency equipped its key response personnel, including the Emergency Response Coordinator, with a computer and collateral hardware configured to Health Alert Network standards?
[An Emergency Response Coordinator is the person who would lead the local health department's effort in the event of a natural or man -made disaster –e.g. LHDD Director, Health Officer, etc. The actual title of this person will vary from locality to locality.]
- Y
 - N

19. Does your agency have a secure electronic link with the following public health system partners?
- Emergency departments
 - Hospitals

- Laboratories
- Pharmacies
- Schools
- Sentinelclinicalcareproviders
- Sentinelveterinarians
- Managedcareorganizations
- Otherhealthcareagenciesandorganizations,publicandprivate
- Emergencyresponders(police,EMS)

Publicaccesswebsite

20. Does your agency have a website for public health information that is accessible by the public 24 hours per day, 7 days per week?

- Y**
- N**

Communication

Communication

Collaborative Relationships

1. Does the public health agency have written agreements with health-related organizations and the media to establish communication networks for public health problems (e.g., information sharing, joint release of public information)?
- Y
 - N

Media Relations and Media Advocacy

2. Does the public health agency have a designated public information officer with competencies in:
- Risk communication
 - Media advocacy
 - Oral and written communication with the media
 - Publicity (providing information about public health events as they occur)
 - Promotion (promoting activities, ideas, or products)

If yes,

Has the public health agency designated a backup public information officer?

- Y
- N

Is the public information officer or the designated backup official available 24 hours per day, 7 days per week?

- Y
- N

Does the public information officer know the local health reporters (radio, television, and print)?

- Y
- N

Does the public information officer generate a monthly report of media contacts?

- Y
- N

Does the public health agency route all media calls through the public information officer?

- Y
- N

3. Does the public health agency provide reports to the media on community health issues on a weekly basis?

- Y
- N

Public Information

4. Does the public health agency provide the public with information monthly on:

- Community health status
- Healthcare needs
- Positive health behaviors
- Healthcare policy issues

5. Has the public health agency conducted culturally appropriate public awareness campaigns based on community health needs and potential threats?

- Y
- N

Information for Policy Makers

6. How often does the public health agency meet with policymakers to provide public health information for decision support?

- Annually
- Monthly
- Weekly
- Daily
- Other _____

7. Which of the following does the public health agency educate policymakers about:

- Emergency operations plans
- Security issues
- Protocols for releasing public information
- Patient confidentiality issues

Communication Strategies

8. Has the public health agency established communications strategies to:

- Deliver and receive broadcast communications
- Provide access to the Internet
- Deliver training via distance learning technology

Communication Protocols

9. Which of the following emergency communication protocols have been established by the agency?

- Communicating with the Emergency Operations Center
- Communicating with first responders, hospitals, and the medical community
- Public health agency participation in the Joint Information Center (JIC)
- Establishing two-way communication between the agency and the JIC
- Releasing public information on potential hazards
- Communicating with the Press/Media
- Linking with the Emergency Broadcast Alert System
- Agency notification by 911 activation system
- Evaluation of communications system surge capacity during emergencies

10. Indicate which elements are included in agency protocols for releasing public information regarding potential biological, chemical or radiological hazards.

- Designated public information officer with competency in risk communication
- Description of the hazard
- Prevention measures specific to the hazard
- Identification of shelters
- Evacuation plans
- Coordinated press/media release of similar information

11. Does the public health agency contact the media daily during an emergency?

- Y
- N

12. Does the media contact the public health agency daily during public health emergencies?

- Y
- N

13. Can the public health agency disseminate medical management information to the clinical community within one hour?

- Y
- N

If yes, which of the following can information be disseminated to:

- Ambulatory care facilities

- First responders
- Healthcare providers
- Hospitals
- Laboratories
- Pharmacies

14. Which communications mechanisms has the public health agency established to ensure communication during emergency events?

- Dedicated radio frequencies (e.g., two-way radios)
- Satellite or cell phones
- Back-up power sources
- Periodic training for equipment orientation and updates
- Redundant voice communication mechanisms and secured data communication

15. Does the public information officer contact policymakers during an emergency to:

- Provide information on current status of the emergency and operations
- Provide guidance on information appropriate for public release

Designated Personnel with Defined Roles and Responsibilities

16. Has the public health agency designated essential personnel for a 24-hour call-down roster?

- Y
- N

If yes,

- How often is the contact information for essential personnel updated?
- Does the call-down roster include 24-hour contact information for organizations within the public health system?

If yes, how often is the information updated? _____

Evaluation

17. How often are communication equipment and systems tested?

- Monthly
- Quarterly
- Annually

18. How often are personnel availability drills conducted? _____

Workforce

Workforce

Staffing Requirements/Workforce Competency

1. Does the public health agency have a staffing plan which identifies the number, qualifications and geographic distribution of personnel required to meet statewide/local health services needs?

- Y
 N

If yes:

Is the staffing plan reviewed annually?

- Y
 N

Is turnover and vacancy information collected and analyzed annually?

- Y
 N

Is this information used in planning/implementing recruiting and retention efforts?

- Y
 N

Is the staffing plan based on projections from public health workforce assessments conducted at least every 3 years?

- Y
 N

2. Has the public health agency conducted a training needs assessment in the past 3 years?

- Y
 N

If yes, is progress in addressing needs identified in the assessment reviewed annually?

- Y
 N

3. Does the public health agency have policies and procedures to assure that personnel in regulated professions meet prescribed competencies including certifications, licenses, and education required by law or recommended by local, State or federal policy guidelines?

- Y
 N

4. Does the public health agency specify formal public health education and training requirements for individuals who serve as senior public health officials?

- Y
 N

5. For which of the following occupational categories does the public health agency have a written workforce development plan that identifies the competency needs of the workforce?

- Administrative/leadership
 Public Health Professionals (discipline specific)
 Public Health Technical (function specific – information technology, environmental health)
 Support staff (clerical, maintenance)

6. For which of the following has the public health agency developed written policies related to training and/or continuing education requirements for staff?

- New employee orientation
 Department/unit/job specific orientation
 Core Public Health Skills

- Disciplinespecificcontinuingeducation
- Annualcertifications/requiredupdates –e.g.emergencypreparedness
- Competenceincultureandlanguageofpopulationsserved

WorkforceDevelopmentImplementation

7. Hasthepublichealthagencyidentifiedspecificpersonnelandorganizationalresourcestoassurea systematicapproachtoworkforcedevelopment?

- Y**
- N**

Ifyes,hassthepublichealthagency :
Designatedperson(s)asworkforcedevelopmentcoordinator?

- Y**
- N**

Designatedperson(s)ascoordinatorsfordistancelearningactivities/resources?

- Y**
- N**

Providedaccesstodistancelearninglocationsnomorethan30minutesdriveofeachagency facilities/employeeelocation?

- Y**
- N**

Providedaccesstoonlinelearningresources?

- Y**
- N**

Providedfacilities,certifiedstaffandequipmenttoconductandevaluateannualtrainingclasses, exercisesanddrills?

- Y**
- N**

Establishedamechanismtoincorporatefeedbackfromemployees,leadership,communitypartners, andotherexternalexpertsintoworkforcedevelopmentandtrainingplans?

- Y**
- N**

8. Doesthepublichealthagencyhavehumanresourcespolicies/programs,whichfacilitateemployee participationinlearningopportunities thatenhancebasicandtechnicalskills?

- Y**
- N**

Ifyes,whichofthefollowingdoesthepublichealthagencyhave?

- Careerladderprograms?
- Tuitionreimbursement/Scholarshipprograms?
- Continuingeducation?
- Professionalmeetings?
- Seminarsandworkshops?

Orientation/TrainingSystem

9. Hasthepublichealthagencydefinedindividualrolesandresponsibilitiesforpublichealthstaffinthe agency'semergencyresponseplan?

- Y**
- N**

Staffing Requirements

10. Have the public health agency's emergency response staffing requirements been defined in the agency's emergency response plan?

- Y
- N

If yes,

Is there a staffing plan based on these defined requirements?

- Y
- N

Is there a department - or function - specific staffing plan?

- Y
- N

Is there a contact list to support the staffing plan?

- Y
- N

Is there a mechanism for maintaining the staffing requirements 24/7 during an emergency response?

- Y
- N

11. Does the public health agency assess the training and continuing education needs of their staff based on their roles and responsibilities during a public health emergency response?

- Y
- N

If yes,

Is there a written training plan based on this assessment?

- Y
- N

Does the training plan include learning objectives, training strategies, content outlines, resources and a method for evaluation?

- Y
- N

Does the agency assure access to training to meet needs identified in the assessment?

- Y
- N

Which of the following topic(s) addressed as part of the training plan:

- Role of the agency in emergencies
- Types of public health emergencies
- Federal emergency response plans, and relevant State and local plans
- Chain of command/inter - and intra - agency communications
- Incident command system/Unified command structure
- Radiological, chemical and biological hazards
- Natural disasters
- Public information/Media Relations/Risk Communications
- Worker health and safety issues
- Selection and use of personal protective equipment
- Legal authorities
- Psychological issues
- Use of communications and information technology
- Managing personal responsibilities during emergency response

- Mortuary-related issues (e.g., safe handling of bodies, temporary morgues)
- Coalition building and communications with response partners
- Procedures to acquire needed pharmaceuticals, medical equipment and supplies
- Vaccine administration and other medical interventions
- Enforcement of public health emergency restrictions (e.g. quarantine, property seizure, travel restrictions)

12. Does the public health agency have a written policy regarding emergency response training requirements?

- Y**
- N**

If yes,

Is compliance with the training policy audited annually?

- Y**
- N**

Is orientation to the emergency preparedness and response plan included as part of new employee orientation?

- Y**
- N**

Are job-specific emergency preparedness and response roles and responsibilities included in departmental or job orientation?

- Y**
- N**

Is individual performance on emergency preparedness and response protocols evaluated agency-wide at least annually through exercises, drills or continuing education?

- Y**
- N**

Is corrective action to improve compliance documented at department or function-specific level?

- Y**
- N**

13. Does the public health agency's staff train for emergency preparedness and response with staff from other organizations in the emergency response system?

- Y**
- N**

If yes, is individual performance evaluated in annual exercises or drills in collaboration with community response partners?

- Y**
- N**

Policy and Evaluation

Policy and Evaluation

Establishment and Review of Policies, Laws, Rules, and Regulations

1. Has the public health agency identified legal counsel that will be available during a public health emergency?

Y
 N

2. Do public health agency leaders have core public health law competencies?

Y
 N

3. Does the public health agency review public health laws and regulations with relevant stakeholders at least annually?

Y
 N

If yes, do there reviews:

Determine whether laws and regulations provide the authority to carry out the Essential Public Health Services?

Y
 N

Determine the impact of existing laws and regulations on the health of the community?

Y
 N

Assess the opinion of constituents of the public health agency?

Y
 N

Determine whether public health laws and regulations require updating?

Y
 N

Assess compliance with laws and regulations that assign specific activities to the public health agency?

Y
 N

4. Does the public health agency identify public health issues that are not adequately addressed through existing laws, regulations, or ordinances, and take action to address inadequacies (e.g., educating lawmakers on laws as a tool to improve public health, drafting legislation to address inadequacies)?

Y
 N

5. Does the public health agency propose legislation and draft rules and regulations that strengthen the agency's authority to protect the public?

Y
 N

6. Does the public health agency collaborate with a local governmental public health entity, (i.e. local boards of health) to review existing laws or draft new legislation?

Y
 N

7. Does the public health agency have documented authority to enforce public health laws, regulations, or ordinances?

- Y
- N

If yes,
Doesthe enforcement staff have copies of statutes or can they cite references granting them authority
to enforce public health laws, rules, and regulations?

- Y
- N

Do public health enforcement staff distribute copies of relevant public health laws, rules, and regulations
to the regulated community?

- Y
- N

Community Assessment and Health Improvement Plans

8. Does the public health agency use state/community assessment findings to develop a health
improvement plan?

- Y
- N

If yes,
Does the state/local health improvement plan include objectives for emergency preparedness and
response?

- Y
- N

Does the state/local agency review progress toward emergency preparedness and response
objectives?

- Y
- N

Designating Roles and Responsibilities

9. Does the public health agency participate in a task force with relevant stakeholders to address emergency
preparedness and response?

- Y
- N

10. Has an organization(s) within the public health agency's jurisdiction been given the command and
control responsibility?

- Y
- N

Has an organization(s) within the public health agency's jurisdiction been given the legal authority
for emergency preparedness, response, and recovery efforts?

- Y
- N

11. Have the emergency management responsibilities for individual organizations within the public health
system been determined?

- Y
- N

If yes, which of the following organization have defined emergency management responsibilities?

- City/county/state government
- Coroners and medical examiners
- Custodial care facilities

- Education system (public education)
- Emergency management agency
- Environmental agencies with responsibilities for fire, health, water, air quality, and consumer safety
- Funeral Directors
- Home health care provider agencies
- Hospitals
- Local emergency planning committee
- Mental health agencies
- National Guard
- Nursing homes
- Occupational health agencies
- Pharmacies
- Poison control centers
- Private physicians offices
- Private sector: trade and business organizations, industry and labor
- Public health agency
- Public information office for jurisdiction
- Public safety (fire and police)
- Public works/sanitation
- Transportation systems
- Urgent care centers
- Veterinarians
- Volunteer organizations (e.g., Red Cross)

Surge Capacity

12. Does the public health agency have mutual aid agreements with other localities (in or outside your state/jurisdiction) to share resources during a public health emergency?
- Y
 - N
13. Has the public health agency developed plans to provide provisional credentials and professional liability coverage for out-of-state clinicians to support surge capacity policies during an emergency?
- Y
 - N

Evaluation

14. Does the public health agency have a policy to review and revise the public health emergency response plan at least once every 12 months?
- Y
 - N
15. In the last 12 months, has the public health agency participated in tabletop exercises with multiple organizations and individuals to assess response readiness, responder continuity, and overall integration of services?
- Y
 - N
16. In the last 12 months, has the public health agency participated in functional exercises with multiple organizations and individuals to assess response readiness, responder coordination and overall integration of services and responsibilities?
- Y
 - N